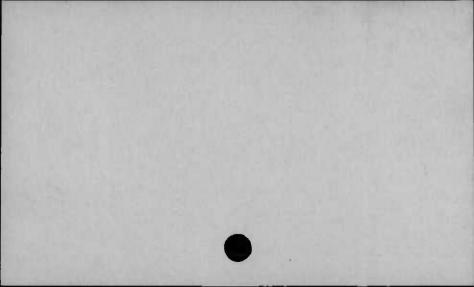
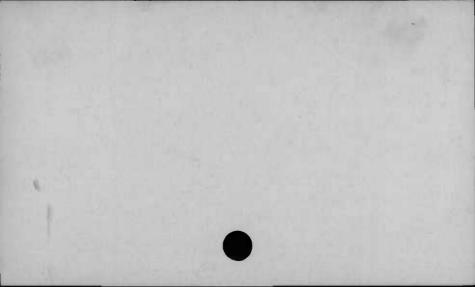
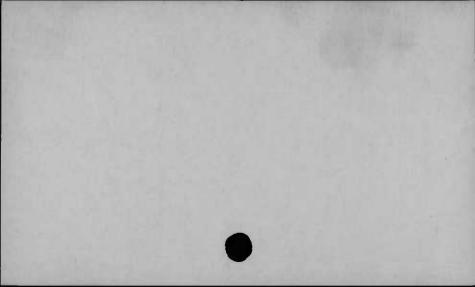
Name in Full Certificate of Death Died at Occupation Date 189 Age Male Married Female Colored Single Widower Number of children living Husband Wife Father's Mother's Name How long sick Death Immediate Accident, Suicide, Homicide Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full Certificate of Death MARYLAND Number of conding trains Father's ambrone Gaugh Maiden Name Liney Butter
Name
How long sick Cause of Immediate Difthera Accident, Suicide, Homicide Reported by Stephen le Grandrich Mudertaker Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU. 7989



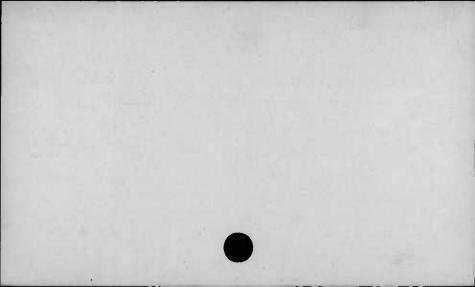
Certificate of Death Name in Full Mystle & Hayden Widow Divorced -Married Female Colored Single Widower Number of children living Husband Wife Accident, Suicide, Homicide Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 65968



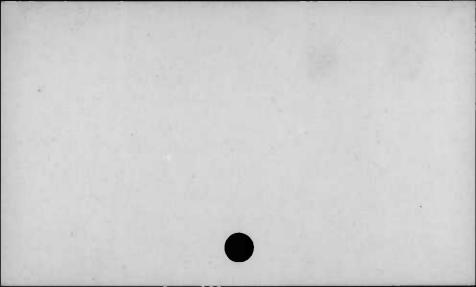
Name In Full Certificate of Death Native of Occupation 7/a Date 190 2 Age 2 Male White Married Widow Diverged Female Colored Widower Number of children living Husbandon Wife How long sick Cause of 2 years a Death **Immediate** Accident, Suicide, Homicide Rell V. Pale Address Must be signed by physician, if any in attendance, otherwin coroner, undertaker or minister,



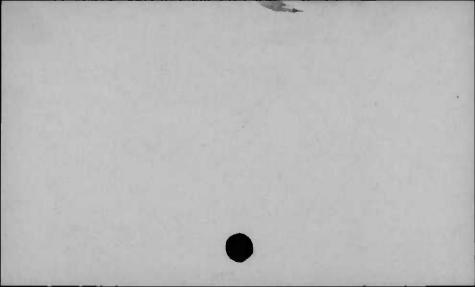
Name in Full Certificate of Death Female Colored Single Husband Wife Father's Reported by Leanson Fort Office Skaryland Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



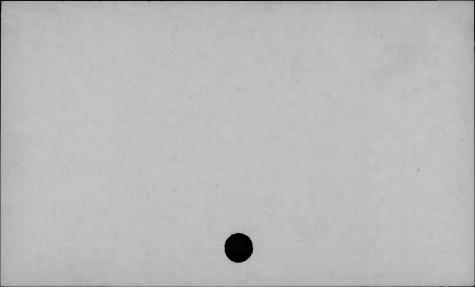
Name in Full Certificate of Death County Day Date 19 0 1_ White Male Married Withow Divorced Female Colored Widower Number of children living Single Hosbaad Wife Father's Mother's Name Cause of Death Accident, Suicide, Homicide Reported by Address Must be signed by physician, If any In attendance, otherwise by coroner, undertaker or minister. LIBRARY BURFAIL, 79292



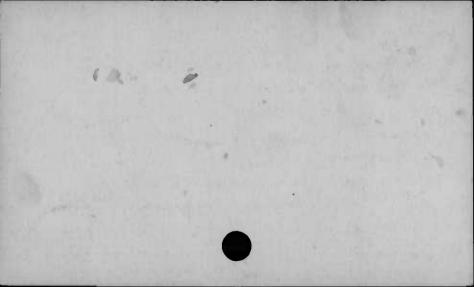
Name in Full Certificate of Death Widow -Divorced Single Widower Number of children living Husband Wife Father's How long sick Death Immediate Accident, Suicide, Homicide Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 88968



Name in Full Certificate of Death Occupation med Hount Married Female Single Widower Number of children living Husband Mother's Death **Immediate** Accident, Suicide, Homicide Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU. 85968



Name in Full Certificate of Death MARYLAND Number of children living Husband Wife Father's Cause of Primary Accident, Suicide, Horric Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY SUFFAIL, 79898



Name in Futt Certificate of Death Day Native of Date 19 12 Male Married-Widow Divorced Colored Widower Number of children living Single Husband of Wife Father's Name Cause of Accident, Suicide, Homicide Death 1mmediate Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY PHREAU.

